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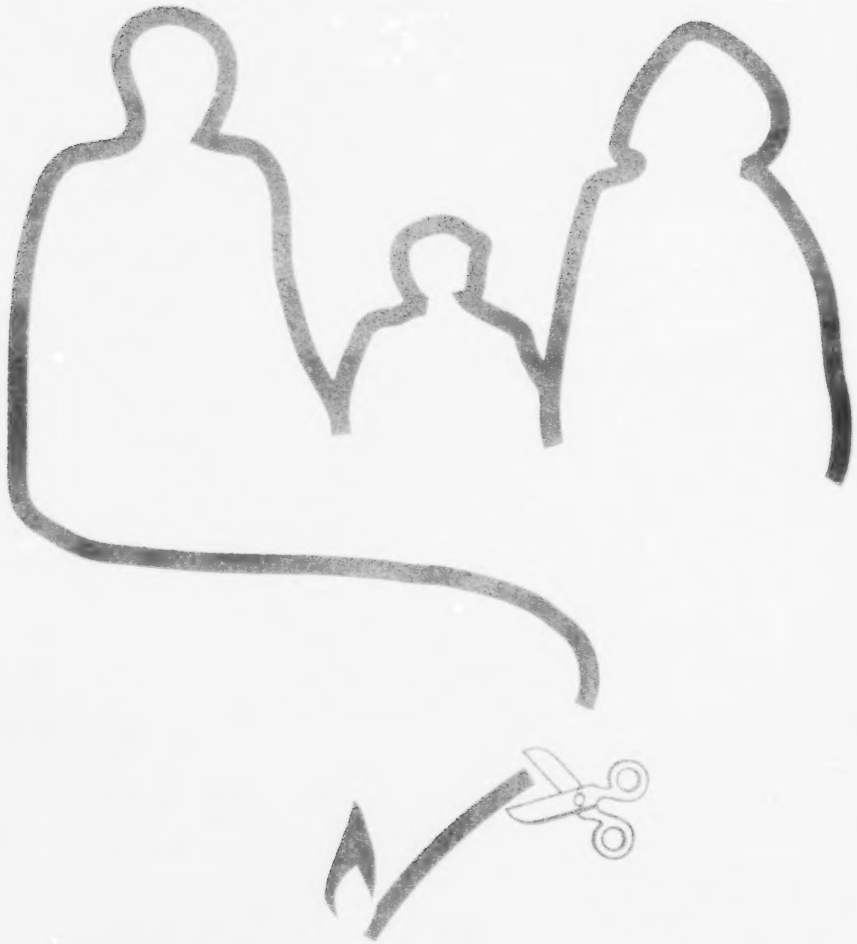
Child Abuse



Canada

DISCUSSION PAPER:

CHILD ABUSE

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EXECUTIVE SUMMARY

Child Abuse

This discussion paper is in two main sections. The first sets out the "historical" context of the child abuse field. The second is a discussion of a series of dilemmas in the field, areas of conflict over priorities, approaches, or resource allocation decisions.

Child abuse first became an identified social issue in the nineteenth century. An international "child saver" movement created many of the precursor institutions to today's child welfare system. After that era of legislative and institutional reform, the public and political visibility of child abuse ebbed. But the issue was revived again in the 1960s under the auspices of influential professional groups -- notably research radiologists and pediatricians. The "battered child syndrome" they identified led to another round of legislative and insitutional initiative, first in the U.S. but then, essentially riding the same crest of concern, in Canada. Child protection legislation was amended in many jurisdictions to require mandatory reporting of suspected abuse.

The "battered child syndrome" was a fairly narrow definition of abuse--emphasizing a history of characteristic physical injuries, generally perpetrated upon young children by their principal caregivers. Soon, however, the range of abuse recognized expanded to include a broader age range, additional classes of physical and behavioral diagnostics (e.g., failure to thrive, language delays), various categories of neglect (failure to seek needed medical attention, gross lack of supervision, etc.), and, eventually, several sub-types of psychological abuse and emotional neglect. With this definitional spread, the concept of abuse became more subtle and sometimes ambiguous. As the response system struggled to deal with newfound abuse, clinical implications of wide-ranging definitions came into partial conflict with legal responsibilities and both with the realities of a still embryonic service system.

System stress was ratcheted up several more notches when, in its turn, child sexual abuse was "discovered" as a social issue in the seventies. Because of the strong social taboos such abuse outrages and the wrenching demands it makes on service providers, there was significant resistance to acknowledging and confronting this issue. However, once it became clear that there were indeed many cases of sexual abuse, both intra- and extra-familial, this problem came to preoccupy the response system and also was given pride of place in public and political arenas.

For planners and policy makers, determining the true scope of child abuse (and the distribution within the population of specific types of abuse) has proved difficult from the start. Data are hard to generate because child abuse is stigmatized and covert behaviour, and also on account of inherently fuzzy definitional boundaries. Estimates based on self-report surveys tend to be paralyzingly high. Estimates based on reporting figures are difficult to

generalize; however, they do have the virtue of underlining the growth in demand faced by the response system. That said, at present there is no coordinated effort to produce national estimates.

The high levels of reporting represent a severe strain on the response system in that major resources have to be expended on investigation. A concern is that resources poured into investigation and intervention are not available to fund needed treatment and longterm prevention services. Some U.S. sources, typically better organized to lobby for their interests than are comparable organizations in this country, talk in terms of response system crisis.

Chronic stress in the response system makes internal differences and conflicts more evident. These are the focus of the second part of the paper. Broadly speaking, three sets of arguments are identified.

The first is a concern at the prevention and treatment levels, reflecting a sort of incipient "practitioners' revolt" against current limitations in the field. Oppositions discussed under this heading include:

- to favour "least intrusive measures" or strong intervention?
- to uphold the best interests of the child or the integrity of the family?
- to take a protection approach or use criminal sanctions?
- to rely on trained professionals or emphasize self-help?
- to focus on abusers or on victims? and
- to look for core elements in abuse or distinguish many subtypes?

In every case, the bald opposition is wrong. However, finding where the proper balance lies is an ongoing struggle.

The second set of arguments is around a concern at the prevention level; it reflects a growing sense that "ecological" approaches involving the family and the community are coming into their own now. The oppositions this concern raises include:

- to direct resources towards prevention or treatment?
- to focus prevention efforts on individuals or families?
- to establish universal or targeted programs?
- to emphasize mainstream or culturally-sensitive services? and
- to focus on individuals or on social conditions?

Finally, a third argument, fundamental to the discussion at this forum, is a concern about how well child abuse sits within a family violence mandate. In that regard, the fact that family violence is a synthetic concept might make it

useful in re-integrating the somewhat fractured child abuse field. Family violence also has political vitality and might represent a much needed second chance for further child abuse response system development. However, the troubling point remains that this means putting child abuse together with various essentially adult-centred issues. The question that raises is whether we can be confident that children's interests will be well served in such an amalgam.

1. INTRODUCTION

Child abuse is like a noxious, hardy weed. Many of the problems it represents remain recalcitrant and society must deal with them year in and year out. Practitioners in the child abuse response system can rhyme off a long string of issues, needs, service system gaps, and the like. In order to save this background paper from reading like a rather daunting shopping list, it is organized instead under various themes. These are dilemmas; to resolve them requires that we carefully balance conflicting goods and opposing evils.

The themes included stem from two sources. The first is a number of "key informants" with strong personal histories in child welfare. (See appendix A.) The second is a selected literature review with a double focus: some "classic" literature reflecting the situation as we understood it in the 1970s, and some materials that set out our current perspectives. (See Note #1.) What these sources suggest are the following key oppositions:

- to favour "least intrusive measures" or strong intervention?
- to uphold the best interests of the child or the integrity of the family?
- to take a protection approach or use criminal sanctions?
- to emphasize investigation and assessment or treatment?
- to rely on trained professionals or emphasize self-help?
- to focus on abusers or on victims?
- to look for core elements in abuse or distinguish many subtypes?
- to direct resources towards prevention or treatment?
- to focus prevention efforts on individuals or families?
- to establish universal or targetted programs?
- to emphasize mainstream or culturally-sensitive services?
- to focus on individuals or on social conditions?

and finally, bringing the discussion full circle,

- to focus on child abuse or subsume that in family violence?

In every case, the bald opposition is wrong. However, finding where the proper balance lies is an ongoing struggle.

This paper is in several sections. The first part takes up some of the themes implicitly in setting out the "historical" context for the child abuse field today. The second part discusses these themes explicitly, as they appear to be

reflected in the field now. In addition, a number of "notes" that expand on certain key points in the paper, are appended separately.

2. HISTORICAL CONTEXT

2.1 Rediscovery of Child Abuse: An Historical Overview

Child abuse, as all those who deal with the problem assert, is not a new issue. Street urchins and juvenile prostitutes were very conspicuous in the industrial cities of a century and a half ago. While there was widespread social denialof the problem, recognition of the misery in which many children lived did prompt the development of various child-serving institutions. Sadly, these solutions proved flawed in turn and institutional abuse was also very evident (Pfohl, 1977). As an illustration, Dickens' early novel, Oliver Twist, was virtually what we would call today a social problem "docudrama".

> [Oliver] was brought up by hand.... [The] parish authorities.. resolved that Oliver should be "farmed", or, in other words, that he should be despatched to a branch-workhouse some three miles off, where twenty or thirty other juvenile offenders against the poor-laws rolled about the floor all day without the inconvenience of too much food or too much clothing... [But, at] the very moment when a child had contrived to exist upon the smallest possible portion of the weakest possible food, it did perversely happen in eight and a half cases out of ten, either that it sickened from want and cold, or fell into the fire from neglect, or got half-smothered by accident...
>
> Occasionally, when there was some more than usually interesting inquest upon a parish child who had been... inadvertently scalded to death when there happened to be a washing..., the jury would take it into their heads to ask troublesome questions... [The] board made periodical pilgrimages to the farm, and always sent the beadle the day before, to say they were going. The children were neat and clean to behold, when they went; and what more would the people have! (Dickens, 1838)

These abuses, individual and institutional, provoked a succession of reforms that are the foundation of our present child protection services. "Child-saving" movements spread rapidly, within nations and internationally. (See Note #2.)

In 1874, Mary Ellen, a grossly abused 8-year old girl, was rescued from her foster parents by the American Society for the Prevention of Cruelty to Animals (Solomon, 1973). The Society was able to intervene based on an argument that the child was a member of the animal kingdom and therefore as deserving of protection as a dog or cat. In 1875, responding to the publicity around that case, New York State authorized the creation of Societies for Prevention of Cruelty to Children. Several other states followed suit. The first such Society was immediately formed in New York, Boston formed a Society in 1878, and the movement spread (DeFrancis,1987; Kowal,1987).

In Canada, the first Children's Aid Society was founded in Toronto in 1891.

> Two years later came the passage in Ontario of new and precedent-setting legislation, "An Act for the Prevention of Cruelty to and Better Protection of Children". This legislation, which drew from both English and American experience, became the pattern of protective legislation in other provinces and established the basic framework for child welfare legislation used today.

Manitoba passed similar legislation in 1898 and other provinces eventually followed suit (Standing Senate Committee,1980). Child abuse remained a child welfare system concern but its public and political visibility ebbed. In large measure, legislation and institutions created at the turn of the century were made to serve; for example, the B.C. Protection of Children Act maintained much of the 1893 Ontario act wording through the 1970s (Ministry of Human Resources, 1979)

In 1960, C. Henry Kempe organized an interdisciplinary symposium on child abuse for the American Academy of Pediatricians. At that meeting, the term "battered child syndrome" was coined; this anticipated the 1962 Kempe et al. article of that title, recapping fifteen years of medical research (Pfohl,1977). Various articles, going back to one by the French physician Tardieu in 1860, had recognized the same issue of young children presenting with many unexplained injuries. Kempe et al.'s article, however, led to the "discovery" of child abuse as a social issue again (Bybee, 1979).

The entry of various medical specialists as a force in the field created new impetus for state action. In 1962, initial discussion began on legislating mandatory reporting of child abuse in the U.S. The following year, a model reporting statute was developed by the Children's Bureau of the then U.S. Department of Education and Welfare (Meriwether,1988). Between 1963 and 1967, all states in the U.S. adopted mandatory reporting laws, a virtual ground swell of legislative initiative (Nelson,1984). Subsequently, there has been a lot of amendment, often to expand the scope of reporting. For example, California revised its reporting statute 15 times between 1963 and 1985 (Daro, 1988).

Canadian jurisdictions took legislative action early, virtually as part of the same wave of concern (By comparison, Britain and continental Europe tended to respond more slowly; see Castle,1976.). Again, Ontario set the pattern, amending child protection legislation in 1965 to require reporting of abuse (Falconer & Swift, 1983). B.C. followed suit in 1967, Nova Scotia in 1968, Newfoundland in 1969 and Alberta in 1970 (Hepworth, 1975). By the late 1970s, nine of the twelve provincial or territorial jurisdictions had mandatory reporting and the remaining provinces had systematic monitoring programs in place (Chisholm, 1978).

2.2 The Definitional Flow

At first, attention was directed to severe physical abuse (Castle,1976). The article by Kempe et al (1962) compiled data from 71 hospitals and identified 300 abuse cases; 11% resulting in death, 28% in permanent brain damage. Their definition of the "battered child syndrome" focussed on fractures visible in the radiological record and on other clear medical diagnostics; i.e., this definition claimed control of child abuse for medical professionals (Pfohl, 1977). At the same time, it was intended to be a catchy classification to mobilize doctors to action (Kempe et al. 1962). In addition to its medical focus, the definition of child abuse started out narrow in other respects:

> a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent... (p.4)

A range of physical symptoms diagnostic of abuse and neglect came to be recognized. These included fractures, burns, bruises on unlikely parts of the body, and the like. (See Note #3.) Other physical symptoms began to be recognized as diagnostic of neglect (Koel, 1969). Neglect also came to be recognized as a problem with various manifestations:

> Physical: abandonment, gross or repeated failure to meet a child's physical needs.
>
> Nutritional: malnutrition not due to organic disease.
>
> Medical: failure to seek or inappropriate delay in seeking medical care for a significant problem...
>
> Safety: gross lack of supervision, repeated accidents due to lack of appropriate supervision (Ministry of Human Resources, 1979)

However, even this expansion was largely physical in orientation, focussed on infants and young child victims, and assumed the abuser was a primary care-giver. Abuse of older children and adolescents was not well recognized (Chisholm, 1978). And it was only later that attention was given to the psychological (emotional and cognitive) consequences of abuse. Clinicians reported many behavioural impacts, notably withdrawal and aggression, and various developmental deficits, including language delays (Bybee, 1979; Augustinos, 1987). From this point of view, other sub-categories of neglect could be defined, including educational and emotional.

> Emotional neglect is a lack of attention to the emotional and social needs of a child to such an extent that she is not able to conceptualize herself as a person of worth, dignity and value. Some children are physically well cared for but emotionally neglected (Falconer & Swift, 1983; p.53).

Similarly, a category of emotional abuse was mooted that assigns this form of maltreatment the same status as physical abuse and neglect (Daro, 1988). Emotional abuse has been subcategorized into rejection, coldness, inappropriate control, and extreme inconsistency (Garbarino & Garbarino, 1986). With this

definitional spread, the concept of abuse becomes much more subtle and ambiguous. The best way of diagnosing abuse in these terms is through careful observation of parent-child interaction (Starr, 1987). For these reasons, emotional abuse has not become a significant reporting category (Daro, 1988; Meston, 1988).

At any event, by 1974, the date of the first Federal child abuse statute in the U.S. (the Child Abuse Prevention and Treatment Act), child abuse had become a broad category:

> the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby... (quoted in Bybee, 1979; p.4).

2.3 Rediscovery of Child Sexual Abuse

When child protection services were taken over by state agencies in the U.S., their mandate narrowed to that defined in statute, and, at the time, no statute mentioned child sexual abuse specifically. Sexual abuse, incest in particular, was thought to be a rare occurrence. However, as the logic of abuse broadened, questions were raised about sexual abuse. The first new incidence study was conducted in the late 1960s in New York City. DeFrancis found more than 3000 cases per annum reported to the police and so estimated (probably erroneously) that 100,000 cases were investigated by police forces nationally. Release of the report in 1969 initially got very little attention.

> We decided to hold a press conference in Washington, D.C., and at [American Humane Association] headquarters in Denver with the release of the report. To my complete dismay, no reporter showed up at either press conference.
>
> When I pressed for an explanation, I was met with expressions of disbelief in the existence of sexual abuse. Reference to the data was dismissed with -- "Your data is about New York City, anything goes there."...
>
> The crusher came when several reporters said, "Even if there is sexual abuse of children, our editors would not permit us to write about it. The subject is too horrible..." (DeFrancis, 1987; p.5).

In fact, child sexual abuse took another decade to come to the fore in terms of a volume of reported cases. However, once it became clear that there were indeed substantial numbers of cases, sexual abuse began to preoccupy the child welfare system in special ways (Directeurs..., 1987). In part, that was a reflection of the explosive nature of the issue; even more than severe physical abuse, sexual abuse outrages our taboos. The public was fascinated and horrified. Workers in the response system were terrified and overwhelmed. For various reasons (and see below), intervention in sexual abuse cases demanded separate and novel approaches. But in large part and quite logically, the same workers, the same response system, was charged with the task. Sexual abuse,

challenging and seemingly ballooning, took up much of the field's energy and initiative. Child abuse, still without a fully developed service system, was partially eclipsed by its "new" subtype, sexual abuse.

> There is a concerted effort being promoted in Canada to provide a range of services for the sexually abused child. However, efforts for children exposed to physical abuse are often left unattended and those who experience profound emotional abuse, even on a continuous basis, are rarely adequately resourced... We are looking harder for sexual abuse victims and it is not surprising that we are finding them in proportionately greater and greater numbers (Meston, 1988; pp.10-11, and see table 3 in Note 5.4).

2.4 Incidence Estimates and Reporting Levels

How many children are abused and how abuse is distributed in the population are important questions for those who must mandate, plan, or implement a response. Collecting firm data is problematic: 1) because child abuse is stigmatized and often secret behavior; and 2) because of definitional problems, especially the fact that it grades into "acceptable" behavior. (See Note #3.) Paradoxically, those two factors permitted something of an opportunity for collecting incidence data earlier in the process of rediscovering child abuse. While many members of the public were not aware that their child disciplinary practices might be considered abusive or suspect, there was greater likelihood of honest self-report (Daro,1988). In general, however, self-report studies are going to tend to under-estimate abuse; the stigmatizing nature of abuse leads to denial and under-reporting by victims as well.

That said, various estimates of incidence based on surveys have been made, notably in the U.S. These estimates are disturbingly high. For example, an early survey in 1968 led to an estimate of 2.5 - 4 million families with some child abuse or neglect (Gil, 1971). A recent replication of a violence survey resulted in estimates of an incidence of 1 million cases of physical abuse in 1985 in two-parent families (Straus & Gelles, 1986). In Canada, the most notable survey of this sort, conducted for the Badgley Report, was restricted to sexual abuse.

A more conservative approach is to compare the volumes of cases coming to the attention of the response system. Reporting levels do not mirror incidence (see discussion following) but they do have a clear virtue. They are a strong measure of the demands being made on the response system.

However, compiling reporting levels is surprisingly problematic as well. With the rapid adoption of mandatory reporting laws, it was hoped that statistics could be compared. Greater professional and public awareness of the issue, and more inclusive definitions of child abuse, were expected to result in a steep increase over the first years of data collection but eventually reach a plateau.

However, somewhat different definitions and reporting laws from jurisdiction to jurisdiction and differing perspectives on abuse by profession and by

institutional sector create persistent comparison difficulties (Chisholm, 1978; Robertshaw, 1981). There are also thought to be reporting biases that may suppress information on abuse within wealthier, apparently more stable families (Gelles & Straus, 1979; Meriwether, 1988). Under-reporting and uneven reporting were noted in the early period following passage of reporting legislation.

> The study estimates that in 1976 at least 2010 separate cases of physical child abuse became known to professionals... in [Vancouver and its inner suburbs].... Our estimate is over fourteen times higher than the total number of reports of physical child abuse made for this area to the B.C. Registry during 1975 (Lieber, 1978; pp.4-7).

While the gap has narrowed, under-reporting remains a concern. A national incidence study in the U.S. at the beginning of the decade found that only 1 in 3 cases known to professionals was actually reported; and this study arguably failed to elicit neglect cases systematically (Westat, 1981).

> Many professionals feel they can better protect the child by not reporting known or suspected cases. These workers site the inflexibility in certain child protective service procedures and poor follow-through during the investigative and treatment planning process as resulting in increased client frustration, anger at the system, and a sense of personal betrayal by the community-based agency or professionals from whom they had originally sought assistance (Daro, 1988; p.21).

To try to deal with this, U.S. model reporting statutes in 1977 suggested an "information only" category that would permit reporting without triggering state intervention! (Daro, 1988; pp.21-22).

In short, major obstacles stand in the way of good national statistics. Canada, for example, still has no national time series data on reported cases although numerous calls for such work have been made (Standing Senate Committee, 1980; Robertshaw, 1981; Meston, 1988). In the U.S., the attempt has been made, using data from a large sample of states. In 1963, an estimated 150,000 cases of abuse were reported to child welfare authorities. By 1972, this had risen to 610,000 and at the turn of the 1980s exceeded one million (Besharov, 1988a). The American Association for the Protection of Children, which took on the measurement task, found that 1,726,649 children were reported as abused in 1984, up 158% since 1976 (AAPC,1986). This figure continued to rise to approximately 2 million in 1986 (Daro, 1988). Sexual abuse reports rose the fastest in the present decade but neglect continued to represent the largest number of cases (58.5% in 1985). In 1984, 727,000 children were considered substantiated cases of abuse.

Canadian statistics variously cover (in descending order of the volumes they would be expected to show): abuse reports, verified or "founded" cases, or cases listed in provincial child abuse registries. (The issue of registries and their legitimate uses is well beyond this paper. For a recent detailed

consideration, see Bala et al., 1987.) The general trend indicated by these data parallels that in the U.S. (Various examples are presented in Note #4.) In British Columbia, substantiated cases for the 10 year period, 1974-1983/84, rose over 1100% (M.H.R., 1976; 1980; 1984). In fact, it could be argued that pressure on the response system is considerably greater than these reporting levels indicate. The growth rate in particular categories (notably, physical and sexual abuse) indicate continuing challenges to the response system.

Comparable trends can be found in other Canadian jurisdictions. The child abuse register in Manitoba showed a 8 year growth of 289% in the period 1979-1986 (Manitoba Child Abuse Registry, 1987). Overall, reports went up 108% between 1982 and 1986 and 289% since 1979 (Manitoba Child Abuse Registry, 1987). The striking increase is in sexual abuse, up from 29% to 58% of reports. However, an indication that these growth figures are conservative appeared once reporting system changes came into force in the fall of 1987. Registry figures rose dramatically in that year by another 83% to 1526 cases, arguably bringing the registry somewhat closer to the actual agency case loads (Vis-à-Vis, 6,4, 1988, p.9).

Quebec presents yet another aspect of the same situation (and the inadequacy of our recording systems). That is, no figures for past years are available broken down by primary type of abuse on a province-wide basis because, since both physical and sexual abuse were under the same article of the protection act, differentiation was not routinely made in agency statistics. However, some social service centers have maintained statistics of this sort internally. The Social Service Centre of Metropolitan Montreal (CSSMM), for example, showed an increase of 28% in reports of physical abuse in 1986-87 compared to 1985-86 and a jump of 66% in sexual abuse reports over the same one year period (Directeurs.., 1987; p.9). Comparable rates of increase are reported in Ontario (Meston, 1988; p.4).

2.5 Crisis

There is a double warning in these child abuse reporting figures. The first is the growth in sheer volume; the second is that there is still substantial under-reporting, often because people have little confidence in the response system. There is also a related third fact, noted especially in the U.S., which is causing considerable distress: that over half the reports are recorded as unfounded following investigation (Besharov, 1988a). However, this latter fact is not peculiar to U.S. jurisdictions; Quebec studies, for example, have shown similar founding rates (Comite.., 1984).

A large number of unfounded reports is not necessarily indicative of problems (Directeurs.., 1987). Good reasons for such reports can be adduced:

> Frequently a family reported for suspected maltreatment may not present a convincing enough case to be legally defined as involved in abuse or neglect but does present a set of disorders serious enough to warrant social services. Such families may be accepted onto CPS caseloads as "high risk" families or may be referred to local community agencies for support or therapeutic services. Further, cases may be classified as unsubstantiated as a means of

> securing the family's cooperation in voluntarily entering a treatment program or to avoid the complex and often destructive aspects of adjudicating a case (Daro, 1988; pp.22-23).

In the U.S., professionals make only half the reports; these are more likely to be substantiated on investigation. Parents' reports during custody battles are currently a particularly problematic issue.

At present, however, the reasons for recording a report as unfounded are not systematically collected and the impression the statistic leaves, even within the response system itself, is of a reporting system that has gotten out of hand (Erickson, 1988). It seems to be an invitation to backlash; many parents feel stigmatized. When families are subjected to intrusive investigations and no abuse is confirmed, antipathy and mistrust are created (Miller & Whittaker, 1988). As the proportion of child sexual abuse reports has risen, this problem has become especially acute because this accusation is particularly stigmatizing. FRACAS (Fight Rightly Against Children's Aid Society), a small organization in Thunder Bay organized by a father who feels unjustly accused (and is fighting for the return of his daughter) is an example of the sort of response that garners considerable publicity.

Child protection services are always very vulnerable in that their "mistakes" can become media events. An error in judgement or a system failure that results in serious injury or death of a child bring the whole system into disrepute. In the U.S., about 25% of child fatalities from abuse or neglect involve children already reported to child protection services (Besharov, 1988a). While the scandals that result from these tragic errors have traditionally been the goads to reform, that is scarcely comforting to workers in the response system.

While potential backlash is debilitating, the central problem represented by high levels of unfounded cases is that the response system is forced to expend enormous energy on investigations, many of which prove unnecessary. For example, child protection services in Quebec received 43,284 reports in 1986-87. Of these, a number could be disposed of quickly but 25,713 required investigation, up 36.1% from 1982-83. Of the investigations completed within the fiscal year, 9561 (46.1%) involved placing the children under protection (Directeurs.., 1987; p.6).

In the face of huge demands, child protection system resources have not increased commensurately. At the very least, the pressure of investigation has limited resources available for follow-up and treatment of confirmed cases or prevention activities with high risk populations. This concern is being widely discussed in the U.S., where past federal administrations placed the whole social service sector under considerable restraint (Erickson,1988). State response has often lagged.

> Florida experienced an increase from 39 reports over the two year period 1967-68 to 48,814 reports in the 23 month period from November 1971 through September 1973. Due to a cut in expected appropriations, the protective service staff was only increased by 32 workers... (Meriwether, 1988; p.21).

> A majority of states report staff shortages, inadequate training, high personnel turnover, and a lack of resources for staffing as the principal barriers to improved child protection.... [Total] resources to serve abused and neglected children increased in real terms by less than two percent between 1981 and 1985. In [many] states, resources.. declined in real terms.... Citing the need for permanency in children's lives and dwindling resources available to aid abused children, states are increasingly providing services to strengthen and maintain families (Select Committee.., 1987).

These concerns that the response system is in crisis in the U.S. (Besharov, 1988). are not subscribed to by everyone (Helfer,1987; Brown,1987). However, one worrisome index is the fact that, after a period when child protection intervention seemed to be having an impact as measured by a falling number of fatalities attributed to child abuse, the reported number of child deaths increased 23% between 1985 and 1986. These increases are seen as related to more severe cases of neglect arising out of increasing drug problems, teenage parenthood and poverty in the larger cities; child protection services being overburdened by investigations and workers not being trained for this kind of clientele; and lack of coordinated effort among the wider response system meaning cases were managed without anyone having all the known facts (National Committee.., 1987). States report growing inattention to neglect cases under the pressure of having to deal with sexual abuse.

> [The child protective services agency in Arizona] was determined to receive and record all allegations of abuse and neglect of children at a time when many other states chose to screen tightly at intake in response to the staggering increase of reports over the last five years. Out of necessity we developed a "Not Investigated" disposition for some low priority reports since staffing and other resources could not keep pace... (Erickson, 1988; p.27).

Because of the investigative burden paralyzing the child protection services:

> The most common proposals... involve either the development of a systematic method of priorizing cases or a reduction in the number of reports through changes in the reporting laws. The first of these strategies assumes that risk can be adequately predicted; the second assumes that some categories of maltreatment are less severe than others and, therefore, can be excluded from the reporting statutes or given a lower priority for response. The empirical evidence on the underlying causes of maltreatment, the development of accurate prediction models, and the differential response of children to similar forms of maltreatment suggest that, in the short run, neither of these approaches will substantially improve CPS performance (Daro, 1988; p.77).

This tale of an apparent response system crisis in the U.S. is of more than incidental interest in Canada because many of the same pressures are noted here.

> [Child] welfare services in Canada are in disarray; morale [is poor] due to community attack and lack of funding... [The] legislative response tends to be political and makes it more difficult to intervene, rescue appropriately, care appropriately. That is, if you intervene only in life threatening cases, back off difficult cases, and keep costs down....
>
> [Agencies] are seeing a particular crisis with the escalation of sexual abuse cases. The helping services cannot match pace with the needed treatment.... The high turnover of staff and inconsistent training... means that it is difficult to ensure uniform competence in the investigation and handling of such cases (quotes in Meston, 1988; p.10)
>
> The current realities of child and family services in Winnipeg have been substantially determined by the enormous number of abused children that have been identified in recent years. As a consequence.., the present system is severely overstressed and is able to provide only basic services (Sigurdson et al., 1987; p.1).
>
> Despite significant increase in the number of reported cases of child sexual abuse in the last five years, the number of personnel devoted to dealing with the problem has not increased significantly. In some provinces, there have been decreases in front-line personnel.
>
> The average case worker seems to last about two years. In rural or remote communities, front-line workers may turn over even more quickly (Rogers, 1988; pp.7-8 and 67; also see pp. 25, 95, and 97-98).

The directors of youth protection in Quebec issued a pamphlet in 1987 that spoke very forthrightly to the resource gap. They argued that resources were not adequate when new legislation was passed in 1979, were never adequate in the interim, and were certainly not adequate today. As a result, practice does not correspond to policy and legislative intent can not be fully respected (Directeurs.., 1987; pp.14-15).

While there are many parallels with the U.S. situation, the sense of crisis does not seem nearly as acute or as pervasive in Canada. There are various possible reasons for this. One is the supposed Canadian trait of reticence; another the lack of comparable national forums for articulating response system distress. As well, there is probably a greater sense of national momentum in Canada. By contrast with curtailed federal initiatives in the U.S., legislative and child sexual abuse research, demonstration and community-based project follow-up to the Badgley Report and, latterly, the program around family violence prevention sustain a promise of system development. Thus, while the response systems in various provinces could be characterized as severely stressed, the atmosphere in Canada remains one of engagement with a range of difficult issues.

3. CRITICAL OPPOSITIONS

Whether the child abuse response system is seen as in crisis or merely under severe stress, the current "state of the art" is one of active reconsideration of various difficult oppositions. These are the "themes" previewed briefly in this paper's introduction and, in some instances, already touched on in the "historical" discussion above.

The concerns expressed in these themes are strongly inter-connected. Some redundancy in the discussion is inevitable; overall, however, three sets of arguments appear. The first is a concern at the intervention and treatment level, reflecting a sort of incipient "practitioners' revolt" against limitations in the field as it is today. The second is a concern at the prevention level, reflecting a growing sense that "ecological" approaches involving the family and the community are coming into their own now. The third, a kind of summary in honour of the current federal initiative, is a reflection on how well child abuse sits within a family violence mandate.

3.1 To Favour Least Intrusive Measures or Strong Intervention?

The relative scarcity of resources in the child abuse response system revives a debate that has been ongoing since the beginning of the child welfare system. State intervention in the family has tended to be justified only in crisis situations, especially where the child is seen as at risk. Intervention is sometimes heavy handed and often highly intrusive. In any event, by that point remedial action is likely costly, resource-intensive, and success is hardly guaranteed (Standing Committee.., 1976).

In fact, major interventions have often yielded mixed results. The very institutions that were meant to rescue and protect children sometimes revictimize them (Pfohl,1977; Standing Committee..,1976). Therefore, one tendency has been to intervene as lightly as possible. This approach might be seen as favoured in situations, like the current one, where the state doesn't command sufficient effective intervention resources anyway (Meston,1988). But more fundamentally, debate centres on whether the state on average does as well as the family, even a relatively abusive family? (Gil, 1970).

> The first results [of a study of children seen in the youth protection clinic at St Justine's Hospital in Montreal were] quite depressing. They highlight huge amounts of money spent on behalf of these children and very poor results obtained.... The children were frequently moved to new homes: the average was five... [and] this in an average time of 3.5 years! (Comite.., 1984; pp.54-55).

The rate of revictimization of children while in foster care or residential programs is thought to be high (McDonough & Love,1987). In general, the more caretakers a child has, the greater the risk of abuse (Sobsey, 1988)

If this argument seems cogent, there is a counterbalancing position. That holds that a "least intrusive measures" approach does not work in the absence of resources; rather it requires an appropriate range of resources and the skilled personnel to choose the most effective level of intervention. For

child abuse, neither of these requisites is available currently. Thus, children are also revictimized if the response system uses the wrong sort of intervention because nothing truly suitable is available. Equally, a child's long-term prospects are fundamentally compromised if he is moved through a graded succession of resources, each progressively more intensive, only to reach the intervention that might have helped him and find he is now beyond benefitting.

This opposition,in turn, raises a number of others. One of its resonances will be all too familiar to everyone in the field and only requires brief mention here.

3.2 To Uphold the Best Interests of the Child or the Integrity of the Family?

This particular opposition, although very deep in our practice approaches, is seldom stated quite so baldly these days. (But see Badgley,1984 quoted in Rogers, 1988; p.17.). However, it remains a central division.

> Perhaps the reluctance to intervene in cases of suspected child abuse reflects an unconscious agreement with the position that children are possessions of their parents. Such an assumption places parents' rights first, even while it may be articulated in phrases of concern for the child (Chisholm, 1978; p.374).

During the early days of reporting laws, there was a sense of reluctance to be overcome. Given the medically-oriented definition of child abuse at the time, there was special concern to have physicians' cooperation. However, family practitioners, for example, struggled with conflicts over the perception of the family unit as their "patient" and fears of undermining the doctor/patient relationship (Greenland, 1973; Hepworth, 1975; Pfohl, 1977; Vis-à-Vis, 3,2, 1985, pp.1-3).

> Of these 2,600 cases [of child abuse reported in New York City in an early survey], only 11 were reported by private physicians (Solomon, 1973; p.66).

As noted above, under-reporting is probably still an issue. But latterly, virtually all members of the response system talk in terms of the centrality of the child's interests in any intervention. However, the fundamental opposition remains; it is a tenet of faith to some that the interests of the child are almost always better served if the family can be maintained. Along with the least intrusive measures approach, some child protection legislation explicitly takes family preservation as a starting point (E.g., see Comite..,1984).

If response system workers have tended to bury this issue, and tried to minimize mutual suspicion about motives and commitments, they still tend to divide on the following:

3.3 To Take a Protection Approach or Use Criminal Sanctions?

Both protection and criminal court interventions are intrusive. However, they raise very different notions about implications. In general, protection approaches assume that the family may be salvageable and in particular that the offender/s are probably rehabilitable. This view has long dominated practice in physical abuse and, to an extent, in neglect.

Thus, for physical abuse or neglect, there was never a strong tendency to use criminal sanctions, except in extreme cases (Pfohl,1977). For instance, an Ontario survey carried out in the mid-seventies, showed that charges were laid in only 11% of reported cases of abuse, and convictions were obtained in only a quarter of those, i.e., just under 2.5% of reported child abuse cases resulted in imposition of criminal sanctions (Chisholm,1978). Even this level appears to be marginally higher than that reported for U.S. jurisdictions at the time (Pfohl, 1977). Admittedly, criminal prosecution is also problematic given that the defense of child discipline may be available in all but extreme cases (Meston, 1988).

By contrast, there is a real opposition over this point in the handling of child sexual abuse cases. The argument is at several levels. Societal revulsion is strong in child sexual abuse cases, reflecting our strongly charged feelings about sex. Thus, there is a sentiment that the "wrongness" of child sexual abuse has to be underlined. A second point, which also contrasts somewhat with the physical abuse situation, is that there is considerable controversy in the field about whether most sexual abusers are rehabilitable and what family reconstruction means (E.g., see Vis-à-Vis, 2,1,1984). But most often these arguments are phrased in terms of concern for the child. On the one hand are those who believe that the criminal justice system is insensitive or hostile to children and therefore traumatizing to the victim (indeed perhaps worse than the abuse itself was) (Runyan et al., 1988). Much of the "leverage" required for "family reconstruction" is seen as available through protection legislation (McDonough & Love, 1987).

The contrary position is that the criminal justice system is appropriate considering the nature of the offense and social reaction to it. Practitioners taking this perspective argue that only criminal sanctions appear to provide enough leverage to keep offenders in treatment (Vis-à-Vis,4,2,1986, pp.1-2). As well, under proper circumstances, the trial process is healing for the child.

> An adult who uses a child for sex is abusive: he has acted criminally and should be prosecuted according to the law.... The law... holds the most powerful tools to seek out the truth. By its nature, it can overcome the secrecy, confusion, and guilt that have allowed the abuse to occur.... The "crisis of court" holds the same therapeutic potential as any other crisis and can be turned to the child's advantage to encourage emotional growth (Wells, 1986; p.3).

This position would consider that elements of the current court system that are abusive can be reformed (Vis-à-Vis, 6,1, 1988, p.9). Bill C-15 can be seen as

a first attempt to move the courts in directions that would be fairer to the child witness.

On some other matters, however, there is considerable unity among workers. Clinicians, especially, would argue that both protection and criminal routes tend to place child abuse too much within a legal (and legalistic) context. Simply working to satisfy legal demands does not constitute an adequate response. That is, there is a rejection of the following opposition:

3.4 To Emphasize Investigation and Assessment or Treatment?

This opposition is not a philosophical one but a pragmatic one; despair over a difficult state of affairs. Mandated services emphasize intervention (receiving reports, investigation, apprehension and/or charging alleged abusers, trial) and there are not enough resources left to provide needed treatment and follow-up. But it is wrong to view this as a new problem, stemming from the current crisis in reporting levels. In effect, escalation was so rapid as soon as reporting laws were passed in any jurisdiction that the resource crunch appeared almost immediately (E.g., see Directeurs.., 1987.).

> Our greatest frustration is the pitiful lack of treatment resources in the community after the child leaves the hospital.... [Because] of universal lack of support, both moral and financial for Child Protective Services, the "burn-out" rate among these valiant souls exceeds 100% per year in most areas (Bergman, 1978; pp.83-84).

Again, this problem is particularly clear in child sexual abuse as these cases have come to take priority in the system (Erickson, 1988; Rogers, 1988). In this (apparently chronic) absence of sufficient treatment resources, a number of typical allocations issues arise as oppositions. Among these:

3.5 To Rely on Trained Professionals or Emphasize Self-Help?

It has been a truism in the child abuse field (always proposed, very seldom completely achieved) that effective intervention and treatment require integrated action on the part of the entire response system (Vis-à-Vis, 2,3, 1984, p.3; Wachtel, 1987).

> Working with a family where one or several children are abused is long, demanding and expensive.... No social services center, no hospital, or school social service can by itself supply the investment of effort required for all the cases of abused children reported in its territory (Comite.., 1984; p.42).

Even this position, to the extent that it considers only formal sector agencies, is highly optimistic (Rogers, 1988). A variety of voluntary sector and self-help responces are indicated, if by nothing else, by the resource squeeze. However, such community responses also are favoured for positive reasons: consonance with current prevention approaches, issues of empowerment, etc (Vis-à-Vis, 5,3, 1987, pp.4-7; Weissbourd & Kagan, 1989). The ongoing issue is what balance of resources would be optimal for particular treatment program models (Borman & Lieber, 1984).

Overall, this situation defines yet another role for workers (and therefore still further training demands).

> These roles of "network/system consultant" or "broker of services and resources" and "advocate" are not new to protective services but perhaps need to be more explicitly identified and delineated to allow child welfare professionals to approach informal helping more systematically (Miller & Whittaker, 1988; p.172).

3.6 To Focus on Abusers or on Victims?

This opposition is another reflection of some already noted. In particular, it parallels the discussion on whether the family unit or the child is the primary focus for intervention. And like that discussion, the feeling on both sides is one of imbalance.

Various persons note that, for physical abuse and neglect, and even for sexual abuse to the extent that family systems models are central to one's approach, much of the energy goes toward rehabilitating the parents; adult and family services are prominent. Criticism of this stems largely from the sense that child victims are not well served (Chisholm,1978). In partial contrast, child sexual abuse response tends to focus on the victim. To some extent, this is due to the historical fact that much of the impetus for the development of child sexual abuse services arose from adult survivors of incest (a parallel with wife abuse). Thus, in the child sexual abuse field, this emphasis leads to concern that not enough effort is being expended on treatment of offenders (Rogers, 1988; p.10).

The treatment dilemma, then, is a multi-pronged one. Practitioners may not feel they have the mandate, the resources, the skills, or even the sense of direction required to intervene and treat successfully. Divisions between sectors in the response system, between advocates of different approaches, between different definitions of the basic problem, demand energy to reconcile.

3.7 Child Abuse, Core Concept or Three Ring Circus?

As child abuse definitions expanded from medically-defined injury to small children to encompass a broad range of phenomena, the concepts (and the sub-fields they defined) began to lose touch with each other. It is commonplace to observe that many children are abused in a number of ways (Vis-à-Vis,3,2,1984, p.5; Daro,1988). However, decisions about how to characterize that abuse have important implications for the intervention that is taken and, in particular, for what treatment, if any, is undertaken. Child sexual abuse is seen as relatively better resourced than other abuse or neglect problems. In addition, as some of the oppositions discussed above indicate, sexual abuse response is also relatively differentiated from that of other abuse problems (Wachtel, 1988). To see how far that division has progressed towards institutionalization, consider the following Canadian attitude survey finding:

> In response to the open-ended question, "How would you define mistreatment of children?", the majority of respondents provided a multi-faceted definition including physical, verbal, and mental abuse. Surprisingly, sexual abuse is rarely cited in response to this "top of the mind" question (IPCA, 1989).

In reaction to this sense of fragmentation, sporadic attempts are made to refocus the field.

> Sexual abuse of children is not a new problem and does not differ from child abuse in general. Although some of the dynamics of sexual abuse may seem different, it is but one of the many ways in which children are abused and misused in families and in society (Finkel, 1987; p.250).

> There is a more insidious and extensive problem that has been overshadowed by child abuse and, in particular, by sexual abuse; that problem is child neglect.... Regardless of the form it takes, neglect can be equally as injurious to the health and well-being of the child as child abuse (Nova Scotia.., 1987; quoted in Meston, 1988; p.6).

The core around which this refocussing appears to be taking place, at least from the treatment perspective, is psychological abuse (Garbarino et al., 1986; Daro, 1988). That is, assuming the level of physical injury in child abuse is not extreme, the central issues raised are what impact the abuse has on cognitive and emotional development -- destruction of a sense of self, trust, safety, etc. (Augustinos, 1987). Similarly, sexual abuse is seldom centrally about the threat of pregnancy or STDs but about a core set of "traumagenic factors", all cognitive and emotional in nature (Finkelhor & Browne, 1986). Again, while neglect situations can be life-threatening, the wider issue is resultant personal detachment, disintegration, etc. Indeed, the differences among abuse situations are better understood in terms of common elements and variations (Bagley & McDonald, 1984; Wachtel, 1988). Psychological abuse (incorporating the features described under emotional abuse and neglect), while not useful as a reporting term, seems to be becoming central in considering treatment (Brassard & Gelardo, 1988).

It is artificial to group the oppositions above as central treatment concerns and a second set below reflecting prevention issues. The questions are strongly inter-related and the approach that seems to be developing within prevention has numerous treatment implications.

3.8 To Direct Resources Towards Prevention or Treatment?

Frustration about the lack of resources available for intervention and treatment sometimes create suspicion about prevention (and particularly public awareness) programs. Indeed, all non-treatment expenditures can be viewed as frivolous under these circumstances.

> A consequence of all the "attention" given to child abuse is that politicians at the local, state, and national levels feel that they have actually accomplished something. Why bother funding expensive child protective services, foster homes, and mental health treatment when "media messages" provide the illusion of meaningful activity? Mandatory reporting laws are cheap. Doing something about the cases that are reported is not (Bergman, 1978; p.85).

To combat this inherently false opposition, some groups have emphasized attempts to keep workers in prevention and treatment from competing destructively with each other for scarce resources (Cohn, 1987). The current federal Family Violence Initiative is largely focussed on services rather than prevention programs. Designating certain funds specifically for public awareness programs may help diffuse a sense of direct competition (Government..., 1988).

In that regard, it is significant that another response, quite the opposite one, is also evident. That is, because intervention and treatment are difficult and resource-intensive, prevention seems particularly attractive to those in the treatment field; they truly understand the magnitude of the problem.

3.9 To Focus Prevention Efforts on Individuals or Families?

Prevention activity has tended to reflect many of the same oppositions as treatment, quite simply because both depend on the same definitions of the problem (Cohn, 1987). Thus, physical abuse and neglect prevention have focussed on the family, particularly on parents, while child sexual abuse prevention has centred on educating and "street-proofing" children. However, there is less of a fundamental opposition at the prevention level (Vis-à-Vis, 2,3, 1984, pp.1-2). Many people would like to see a full range of prevention approaches employed across all abuse issues. That implies that effective prevention must be based on a broad definition of the problem, in social and economic terms, not merely in individual and psychological ones (Gil, 1975). In particular, there is a growing interest in the potential of what are coming to be known generically as "family support programs" (Seveik, 1984; Vis-à-Vis, 2,3, 1984, p.8) or, even more grandly, as the family support "movement" (Weiss, 1989; see Note #5.).

> Stated most generally, family support programs provide services to families that empower and strengthen adults in their roles as parents, nurturers, and providers.... To meet these goals, family support programs craft various activities which usually include one or more of the following: a) parent education and support groups; b) parent-child joint activities that focus on child development and promote healthy family relationships; c) a drop-in center, which offers unstructured time for families to be with other families and with program staff on an unstructured basis; d) child care while parents are engaged in other activities offered by the family resource program; e) information and referral to other services in the community, including child care, health care, nutrition programs, and counselling; f) home visits, generally

> designed to introduce hard-to-reach families to family support programs; and g) health and nutrition education for parents anddevelopmental checks or health screening for infants and children (Weissbourd & Kagan, 1989; p.21).

Some programs are sponsored by private social agencies (Vis-à-Vis, 2,3, 1984, p.4). Equally, however, family support programs are being sponsored by any of a number of service sectors -- health, welfare, education, etc. For example, a recent statement on child care in Ontario outlines its program aims in the following terms:

> Child care services include direct care programs, such as licensed private home day care and child care centres. But they also include support services for parents and caregivers, such as toy-lending libraries, drop-in centres, parenting workshops and information and referral services (Ministry..,1987; p.4).

Generally, it is hard to demonstrate the cost-effectiveness of prevention programs in the social services. However, for the United States (where the family support program impetus is growing rapidly), evidence has accumulated about the positive impact of early education and enrichment programs on the development of disadvantaged children.

> A wide range of positive outcomes were found over the first two years of the children's lives. For the mothers at highest risk (young, single, poor), those who were visited by a nurse had fewer instances of verified child abuse and neglect, fewer emergency room visits, were observed in their homes to restrict and punish their children less frequently, and to provide more appropriate play materials (Miller & Whittaker, 1988; p 165).

Based on such evidence, a broad coalition of interests can be mobilized in support of such prevention programs. Notably, endorsement of family-oriented prevention programs is forthcoming from child advocates. For example, the president of the Children's Defense Fund in the U.S. argued:

> If you want to save the babies, make sure the mother has access to prenatal care, ...to knowledge of basic parenting skills, and to day care that will allow her to continue her education to get a job. Even if you don't like the parents, and don't want to help them,... think of it as investing in keeping the kids from becoming like them (Lewin, 1988 quoted in Weiss, 1989).

Given this conjunction of interests, family support programs are enjoying high political visibility. As an illustration, the family is the topic of a first-ministers-sponsored conference in Saskatchewan this summer.

3.10 To Establish Universal or Targetted Programs?

Family support programs tend to be phrased as universal voluntary services.

> Optimalism extends the concept of prevention because it moves beyond avoiding or preventing a problem to promoting optimal development of children and families.... Since optimalism promotes maximizing children's healthy growth and development, and since it is impossible to know who may experience problems as they grow, truly preventive services must be services available to all (Weissbourd & Kagan, 1989: p.22).

This avoids stigma to the recipient families and emphasizes the unifying proposition that all families may require support. However, universality itself raises the problem that program participation is likely to be highest among already well-integrated families. The ability of general programs to reach and properly serve socially isolated and disadvantaged families, i.e., those arguably at special risk, is more questionable.

> In selling the... initiatives, their advocates suggested that the programs can benefit high-risk families. Once the programs have been established, one of the issues that frequently emerges is the need to vary their content and procedures in order to reach such families. In some instances it is difficult because the high demand for services from the middle class can limit the financial and other resources available for more intensive services for high-risk families (Weiss, 1989; p.42).

Among the populations seen as requiring special approaches are the handicapped or disabled (Senn, 1987). The rationale for such services is straightforward.

> Environmental factors such as family stress, parental isolation, demoralization, and chronic anxiety over accepting and caring for a disabled child are often cited as contributors to physical abuse.... [The] stress of raising a disabled child may lead to depression and alcoholism, and therefore indirectly place the disabled child at greater risk (Sobsey, 1988; p.2).

In recent years, various sexual abuse prevention programs have been developed or tailored specifically for children with special needs (E.g., see Vis-à-Vis, 6,1, 1988, pp.7-8; Vis-à-Vis, 6,4, 1988; pp.5 & 10.). Elements of family support programs are available in many locales to assist families with disabled children (E.g., see I.S.V., 1985, pp.190-199). However, it is unclear the extent to which such services are perceived as being within (and are integrated into) a family support program prevention thrust.

3.11 To Emphasize Mainstream or (Sub)Culturally-Sensitive Services?

Many groups have special needs for tailored services. On one level, opposition to providing special services could be seen simply as pragmatic, a recognition that the resources do not exist to meet all needs. At a second level, however,

failure to recognize certain needs either may compromise the ability of particular groups to gain access to or benefit from programs or, worse still, may result in institutional abuse (Gil, 1975; Lieber, 1978). In Canada, where multiculturalism is a key socio-political concept, attention to cultural differences is a critical need. Moreover, taking cultural differences into account is inherent to the family support approach.

> Because the ecological orientation assumes that the community forms an integral part of the life of the family, a sensitivity to the cultural and social traditions of a community is paramount in family support programs (Weissbourd & Kagan, 1989; p.22).

3.12 To Focus on Individuals or on Social Conditions?

If family support programs imply a shift in level from the individual to the family, and indeed from the family to the community, they are incomplete even at that. A still broader focus is required, especially in terms of the social and economic base (Comite.., 1984).

> [Policy makers must] recognize that support and education programs are not a substitute for other necessary family services, such as adequate health care, housing, food, child care, and income. In fact, the effectiveness of a family support program is at least partly dependent on the basic needs of participating families being met (Weiss, 1989; p.46).

> Effective primary prevention requires working simultaneously toward the transformation of all the causal dimensions. Fragmented approaches focussed on one or the other causal dimension may bring some amelioration, but one should entertain no illusions as to the effectiveness of such piecemeal efforts (Gil, 1975).

These arguments go back a long way in our social welfare debates. For example, back in 1909, a White House Conference on Children (a U.S. presidential panel) "proclaimed that a child should not be removed from his or her home for reasons of poverty alone, and called for service programs and financial aid to protect the home environment." (Pfohl. 1977; p.326).

Problems of lack of fundamental social support programs are more apparent in the U.S. than in Canada. Compared with this country or even more so with western Europe, U.S. universal support programs are underdeveloped: there are no family allowances, no universal health insurance, no national daycare policy (Erickson, 1988). But the differences among industrialized countries are really ones of degree.

It is on this point that primary prevention, clearly a major task even when considered in terms of creating and sustaining family support programs, apparently becomes completely overwhelming. Progress is somewhat more conceivable, however, if we are careful about logical direction. That is, it is true that we need to underpin child abuse prevention programs with other measures that support a more humane and egalitarian society. However, it is patently absurd that all these measures are necessary solely to minimize a

single problem, child abuse. Rather, the social measures needed for child abuse prevention (and indeed for successful treatment efforts) are generic and apply equally to the prevention of various social problems. Persons involved in the child abuse field merely phrase these generic prevention programs in terms of their specific focus.

> [In addition to housing,] other external needs related to people's lives with which we should be concerned through "environmental manipulation" in much fuller form than we are at present [in Canada] include:
>
> - day care, and emergency day care services for working parents, sole-support parents, overwhelmed parents;
> - homemaker services...;
> - income improvement... and income management assistance (debt counseling);
> - help with fighting one's way through the bureaucratic red tape maze of various governmental "helping" programs; and
> - relief for a special [needs] child.., at periods of crisis or stress in the family (Chisholm, 1978; p.370).

At present in Canada, potentially the most vital attempt to move prevention to the community level is by Native groups. On the one hand, this is translated in terms that parallel family support programs.

> The need is to restore aboriginal spiritual values in the community; provide parenting education; reverse patterns of family violence, including child sexual abuse, by rebuilding personal, family and community values; provide personal development and leadership development experiences and skills (Rogers, 1988; p.74).

However, this is a case where such programs clearly are being pursued in the context of much wider initiatives (Obomsawin & Obomsawin,1988). There is increasing interest in taking over native child welfare services as part of the reconstruction of local political and institutional bases (Graff, 1987; Vis-à-Vis, 5,4, 1988, p.12). And the latter discussion is itself predicated on the restoration of a viable economic base (through land claims and resource management negotiations).

3.13 To Focus on Child Abuse or Family Violence?

In large measure, the discussion of this question has been anticipated by the above. It was left for last in order to serve as a summary, and as a reminder of the questions before us at this National Forum.

The major directions in the child abuse field reflected in this paper (ecological approaches to treatment and similarly-based family support program approaches to prevention) are consistent with a family violence focus. Moreover, it is possible to recast family violence issues in ways that are particularly germane to child abuse workers (assuming that family violence, like child abuse, is defined broadly rather than restricted to physical acts

alone). As already noted, much child abuse exists alongside other abuse within the family (Vis-à-Vis, 2,3, 1984; p.5). Moreover, most of these behaviors, singly or in combination, turn out to present similar dangers to children. Two examples which are currently the subject of great interest are: children of alcoholics, and non-abused children in violent families (i.e., where there is wife battering or child abuse). (See Grusznski et al., 1988; Jaffe et al., 1986; McIsaac, 1986; Vis-à-Vis, 3,1, 1985, pp.1-2.) In effect, it appears that all these other categories represent hitherto unrecognized examples of child neglect or emotional abuse. That is, all varieties of family violence (and some other family problems) represent seriously disturbed atmospheres for child development.

However, while family violence issues parallel and perhaps clarify many issues in child abuse, they obscure others.

> The extent to which issues of violence in the family are interrelated was noted several times... The notion of organizing family violence prevention units within provincial and territorial social service ministries was viewed generally as a positive and necessary step....
>
> Some professionals expressed concern, however, that lumping the sexual abuse of children in with other family violence tends to take the focus away from the child. They feel that many unique aspects of child sexual abuse merit specialized approaches (Rogers, 1988; pp.34-35).

That is, family violence is problematic for our handling of child sexual abuse (and, parenthetically, for elder abuse) because a large proportion of abuse is outside the immediate family circle. Does that suggest a strategy of dividing sexual abuse much more strictly into intrafamilial or rather "domestic" and extra-familial types? Hardly, as this division would mark a major departure in terms of current theory and practice.

However, were we to explore such a distinction, comparable distinctions would be indicated for other child abuse categories. Although the usage has never become conventional, there have been cogent arguments for broadening the definition of child abuse to non-family contexts.

> [Several] levels of manifestation of child abuse may be distinguished. The most familiar one is abusive conditions in the home, and abusive interaction between children and their caretakers.... So far, child abuse at this level.. has been the dominant focus of scholarly, professional, and public concern with this destructive phenomenon.
>
> A second level at which child abuse occurs is the institutional level. This includes such settings as day care centers, schools, courts, child care agencies, welfare departments, and correctional and other residential child care settings. In such settings, acts and policies of commission or omission that inhibit, or insufficiently promote, the development of children, or that

> deprive children of, or fail to provide them with, material, emotional, and symbolic means needed for their optimal development, constitute abusive acts or conditions (Gil, 1975; pp.120-121).

In the end, this argument reduces to some familiar ones. Family violence is a synthetic concept and might help re-integrate and re-focus a somewhat fractured child abuse field. Family violence also has political vitality and might represent a much needed second chance for further child abuse response system development. However, the troubling point remains that this means putting child abuse together with various family (and adult) issues. When push comes to shove (and it will), are we confident that our initiatives will serve children and not sacrifice them?

4. APPENDIX A

List of Key Informants

Only a small number of persons were interviewed in the preparation of this discussion paper. That is because these individuals proved so prolific of ideas and observations that to have taken this consultation process further would have swamped the paper (or turned it into a book). I can't even claim to have done justice to those brief discussions in this background paper. As always, the opinions in this paper should be attributed to the author alone.

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5. NOTES

5.1 A Note to Readers About Sources

U.S. literature is very prominent in this paper, especially in sections dealing with the history of response to child abuse. This reflects the author's perception that U.S. influences have been strong in Canada. To take a simple-minded example, consider the contents of a good reader on child abuse compiled in 1980 by two Canadian academics (Cook & Bowles,1980). Admittedly, there is considerable incentive to include U.S. sources in order to make such a volume more saleable in that large market. However, this collection of "classic" articles is overwhelmingly American. The pre-eminence of U.S. sources does not contradict the fact that the Canadian response to child abuse is distinct nor that there is an interesting and growing literature in this country. The point is merely that the Canadian response has tended to take into account American experience.

Most of the reasons for U.S. influence are straightforward. Most obvious is the sheer volume and range of work that has been done there, sometimes covering aspects not yet investigated in Canada. Another given in Canada is the impact of U.S. media; not only the mass media but also professional and scholarly journals. Of particular import in the context of this discussion paper, however, is the fact that professional associations and specialized clearinghouses dealing with child welfare issues are more prominent in the U.S. These help articulate concerns. Tied to this is a markedly different political culture than that in Canada, one which emphasizes position-taking by interest groups and legitimizes lobbying; the going assumption is that "the squeaky wheel gets the grease". The "state of the art" is a topic of constant rumination in the U.S., especially when "the art is in a state".

If U.S. materials loom large in this paper, French Canada is not very conspicuous. This too reflects some realities of the Canadian situation. Materials on child abuse from Quebec, where the response system is somewhat differently organized, probably do not circulate as widely as might be desirable. Certainly, they are not prominent in the library collections here in Vancouver that are my main resource for this paper. But this lack is not restricted to the margins of this country. For example, a bilingual compendium of resources on child abuse available in the Sudbury area (Carriere & Thomson, 1984) listed 979 articles and 314 books or reports in English (the bulk of these from the U.S.) and 83 sources in French currently available (some of them translations from the English) and another sixty-odd on order. Noting this imbalance, the authors stated:

> [We] have, in Sudbury, one of the most extensive collections of French documents on child abuse in Ontario, if not even in Canada. Nevertheless, the availability of French, particularly French Canadian documentation is as yet limited... (p.iv).

While the lack of literature is unfortunate, there are indications that the general themes discussed in this paper speak as much to the Quebec situation as to any other part of Canada (Comite.., 1984; Directeurs.., 1987).

5.2 Child Abuse in Historical Context

Child abuse was recognized in the nineteenth century in various child saving movements and child welfare institutions. These spread rapidly and widely, even to frontier societies such as Canada and Australia.

> In 19th century Britain attempts were made to control child labor in factories and mines, to care for abandoned or orphaned children, to prevent the murder of illegitimate babies, to reduce the mortality of artificially fed or farmed out babies... These efforts, which were emulated in Queensland in the second half of the century, did not mean that the maltreatment of children was new. Rather, practices which had been condoned, such as infanticide, the exploitation of child labor, and the neglect of children..., would no longer be allowed... (Thearle & Gregory, 1988; p.91).

While these initiatives can be viewed as representing social progress, there were unintended negative consequences that also had to be faced.

> The apparently high rate of infanticide among illegitimate babies led to pressure to register all still-births. One motive for establishing lying-in hospitals, foundling hospitals, and institutions such as the Brisbane Female Refuge was to try to reduce the incidence of infanticide, but fears were voiced about these initiatives. For example, in 1886 in the Australian Medical Gazette, it was remarked that private lying-in hospitals were providing facilities for the undetected criminal destruction of unwelcome offspring (Thearle & Gregory, 1988; p.93).

The founding of Societies for the Prevention of Cruelty to Children and Children's Aid Societies represented a major step towards the child welfare system as we know it today. These initiatives too were widely emulated.

> The Queensland Society for the Prevention of Cruelty was founded in 1883 for the protection of Animals, like its British counterpart. Its constitution was amended in 1890 to encompass children. In the six years between 1891 and 1897 the Society investigated 1,368 instances of non-fatal child abuse (Thearle & Gregory, 1988; p.97).

During the same period, protection legislation was passed that has formed the foundation for the acts used during most of the twentieth century. The Victorian flavour of these acts, the extent to which they confounded poverty, neglect, and delinquency, is important to remember. For example, the Ontario act of 1893, which served as a model for much of Canada, had the following definition of a neglected child:

> i. a child who is found begging or receiving alms,
> ii. a child who is found wandering about without any home or proper guardianship,
> iii. a child who is found associating or dwelling with a thief, drunkard or vagrant...,

iv. a child who is found in any house of ill-fame or the company of a reputed prostitute,

v. a child who is found destitute, being an orphan or having a surviving parent undergoing punishment for crime (Falconer & Swift, 1983; p.9)

5.3 Definitional Problems

Child abuse definitions started out phrased in physical (and narrowly medical) terms. The range of symptoms diagnostic of abuse and neglect included:

- spiral fractures of limbs (symptomatic of twisting), broken ribs, skull fractures (from slapping or punching);

- bruises on unlikely locations of the body, unusual shaped bruises (e.g., the shape of belt buckles), retinal hemorrhage (symptomatic of violent shaking);

- burns or scalds (perhaps reflecting parental inattention or incompetence), unusual burns (e.g., inflicted by a cigarette);

- poisonings, especially if repeated;

- failure to thrive, clinically defined by weights or heights at the third centile of the normal distribution (Ministry of Human Resources, 1979)

Progressively, however, child abuse was differentiated into various types of neglect and emotional abuse and broadened in other ways. While this made the concept quite powerful, broad definitions of child abuse invited certain predictable criticisms.

The first is that there is an inevitable confusion in such definitions between the acts committed and the intent of the perpetrator. A medical practitioner diagnosing an injured child must make judgments about how the injury was sustained and whether the ascribed cause suggests abuse or neglect (Krugman, 1984). For the child protection worker, intention may dominate the issue. That is, even in the absence of harmful outcome, the adult's actions may have been non-accidental and potentially harmful to the child and intervention may be warranted (Falconer & Swift, 1983).

Another aspect of this same point is that, in this sense, child abuse definitions ignore the actual impact on the child. Abuse, across the complete spectrum, is potentially harmful. However, its actual effects are partly accidental (a gunshot misses or hits). Partly, they are mediated in ways we still don't understand very well by a variety of factors; these include attributes of the child (e.g., intelligence, developmental stage, sense of control), and inter-personal and environmental factors, (e.g., social isolation, poverty, etc.) (Augustinos, 1987; Wachtel, 1988).

A third aspect of the above is that child abuse is a value-laden, culturally relative term. It depends on acts being viewed as proscribed.

> At the heart of the problem is the fact that the term "child abuse" is intended to draw attention to acts which are believed to deviate from appropriate standards of behavior for caretakers. Such standards vary over time (e.g., stubborn child laws in the seventeenth and eighteenth centuries allowed parents to put unruly children to death, although there is no evidence that such deaths occurred), across cultures (e.g., some cultures allow infanticide), and between social and cultural strata... (Gelles & Straus, 1979; p.19)

Fourth, and in apparent contradiction to the above, broad definitions invite us to ignore intention to a certain extent and consider the condition of the child. Intention only becomes important in these instances in considering the nature of the intervention, not its labeling as abuse or neglect.

> [We] know that most child abuse and neglect is not willful and deliberate; that it is the result of parental failure; that it is the result of parental inadequacy,.. incompetence, desperation and despair. The community's responsibility to reach out with help to prepare and assist families is an important part of the philosophy of child protection. However, parental rights are not absolute.... [If] parents fail and children are at risk... society... has a responsibility to intervene and protect children (Brown, 1987; p.6).

If child abuse is a slippery concept for the reasons above, it is also necessarily a fuzzy one. Whether an act has crossed some threshold from acceptable to abusive often demands considerable exercise of discretion. But we tend to seek clarity in concepts by ignoring ambiguities and focusing instead on archetypal examples even if these are not in fact typical. Thus serious physical abuse, which constitutes a small fraction of the caseload, represents the image of abuse that people appear to hold. Similarly, father-daughter incest dominates our thinking about intra-familial child sexual abuse.

Finally, and particularly problematic, is the extent to which our definitions of child abuse expose the fact that society lacks clear standards and apparently sanctions inconsistent behavior (Chisholm, 1978; Vis-a-vis, 3,1, 1985, p.7).

> While every state has mandated reporting laws, a.. Supreme Court decision [in 1977] ruled that physical punishment in school was not cruel or unusual.... An estimated 80-90 % of parents use physical punishment at some time during childhood....
>
> Simultaneously, there is support for eliminating child abuse and for permitting physical punishment toward youth. The problem lies in the gray area between physical punishment and physical abuse. Ambivalence in the treatment of youth, and in dealing with their rights, is perhaps the central problem that must be resolved... (Bybee, 1979; p.1)

There is some evidence that attention to the issue of child abuse is resulting in shifts and clarifications of attitudes, notably around child discipline. However, opinion about spanking is still highly split and gender, age and socio-economic status differences are all apparent (Institute..., 1989).

5.4 Some Canadian Child Abuse Reporting Data

Once reporting laws were in place, Canadian jurisdictions experienced dramatic increases in identified child abuse cases. For example, Table 1 presents some data from B.C. on substantiated cases for the 10 year period, 1974-1983/84 (more recent Ministry Annual Reports apparently no longer include comparable statistics).

Table 1

Founded Cases of Child Abuse
in B.C., 1974-1983

	N	Year to Year Change	Cumulative Change
1974	145	--	--
1975	262	80.7%	80.7%
1976	417	59.2	187.6
1977	450	7.9	210.3
1978	605	34.4	317.2
1979	791	30.7	445.5
1980	987	24.8	580.7
1981	1286	30.3	786.9
1982	1536	19.4	959.3
1983	1751	14.0	1107.6

(sources: M.H.R.,1976;1980;1984)

In fact, it could be argued that pressure on the response system is considerably greater than these reporting levels indicate. Table 2 presents two years of data on children taken into care, focusing on reasons that are likely connected with abuse or neglect. The absolute volumes and the growth rate in certain categories (notably, physical and sexual) indicate continuing challenges to the response system.

Table 2

Selected Reasons for Taking Children into Care
B.C., Fiscal 1983 and 1984

Reason	1983/84	% of Total	1984/85	% of Total	% Change
Inability to provide care	2869	52.7%	2930	51.7%	2.1%
Abandonment	442	8.1	512	9.0	15.8
Physical abuse	297	5.5	423	7.5	42.4
Sexual abuse	252	4.6	312	5.5	23.8
Lack of housing	30	0.6	0	0.0	-100.0
Failure to provide medical care	19	0.3	30	0.5	57.9
Other	1531	28.1	1465	25.8	-4.3
Total Admissions	5440	100.0	5672	100.0	4.3%

(sources: M.H.R.,1984;1985)

Comparable trends can be found in other Canadian jurisdictions. The following figures on child abuse reports in Manitoba are illustrative.

Table 3

Child Abuse Reports in Manitoba, 1982-1986

Type of Abuse	1982	%	1983	%	1984	%	1985	%	1986	%	5 Year Growth
Physical *	226	56	283	49	304	44	203	31	246	29	9%
Sexual	117	29	205	35	306	44	364	56	482	58	312%
Other **	59	15	90	16	83	12	79	12	108	13	83%
Total	402	100	578	100	693	100	646	100	836	100	108%

Source: (Manitoba Child Abuse Registry,1987)
* includes death, fractures, burns, bruises and welts
** includes cruel disciplining, failure to thrive, severe beating, cut or torn lip, lacerated cheek, exposure to frost

Overall, reports went up 108% between 1982 and 1986 and 289% since 1979 (Manitoba Child Abuse Registry,1987). The striking increase is in sexual abuse, up from 29% to 58% of reports. Also noteworthy, as an example of definitional problems, is the use of the residual "other" category. It includes many actions that others might classify as physical abuse and really quite little that reflects neglect. The latter clearly does not have an independent status in this registry schema even though one might expect that neglect cases would be numerous.

Reporting system changes in Manitoba initiated in the fall of 1987 apparently had a further dramatic effect on the registry figures. They rose another 83% to 1526 cases, thus bringing the registry somewhat closer to the actual agency case loads (Vis-à-Vis, 6,4, 1988, p.9).

As noted in the text of the paper, Quebec presents yet another aspect of the same situation. That is, no figures for past years are available broken down by primary type of abuse on a province-wide basis because, since both physical and sexual abuse were under the same article of the protection act, differentiation was not routinely made in agency statistics. However, some

social service centers have maintained statistics of this sort internally. The center in Metropolitan Montreal, for example, showed an increase of 28% in reports of physical abuse in 1986-87 compared to 1985-86 and a jump of 66% in sexual abuse reports over the same one year period (Directeurs.., 1987; p.9). Comparable rates of increase are reported in Ontario (Meston, 1988; p.4).

5.5 Family Support Programs

Family support programs are those offering a range of services to promote the development of adults as effective parents. Especially in the U.S., where there is a sense of a developing family support program movement, these programs are being viewed as the major primary prevention initiative for a range of social problems affecting youth. They follow an already long tradition of programs used to try to avoid child abuse in high risk families. Programs developed by various lead agencies generally display similar features.

> [Programs] under educational auspices stress the importance of strengthening the child's early learning environment and reinforcing the parent as the child's first teacher. Each is premised on the importance of strengthening the community as a context for child development through the provision of programmatic and peer support for parents....
>
> The family support and education initiatives sponsored by.. social service departments represent efforts to broaden the mandate and the continuum of their services... (Weiss, 1989, p.37).

These initiatives reflect certain current concerns. One is the perception that "the family" is under particular stress today and is in jeopardy (Harris,1987). The growing appreciation that structurally there is a diversity of family types only reinforces that sense of threat to the institution because people still view these as variants and implicitly compare them to a stereotypic "Dick & Jane" family. That the family is in decline is a perennial notion in western societies (Mintz & Kellogg,1988). However, greater mobility and social isolation do imply new pressures on families today (Chisholm,1978). Concern about this makes programs aimed at supporting or strengthening families palatable across a wide ideological spectrum.

That is, various interests can be mobilized in support of such prevention programs. In the text of the paper, child advocates are presented as one such key constituency. However, it is also interesting to note that approval can be garnered from certain business interests based on their desire for long term availability of a stable and educated work force necessary to economic competitiveness (Weiss, 1989).

As noted above, what is new in these initiatives is not the services provided nor the argument for their need (e.g., see Chisholm,1978) but gradual acceptance of the idea that the state should take responsibility to make them available on a wide scale. With this acceptance, programs are also gaining a sense of common identity. In the U.S. for example, the Family Resource Coalition, headquartered in Chicago, has grown from 50 members to over 2000 (Weissbourd & Kagan, 1989).

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